

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 599,650

FILING DATE

10-4-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		4				51			1			
2	1						52			1			
3		2					53			1			
4	1						54			1			
5							55			1			
6							56			1			
7							57			1			
8							58			1			
9							59			1			
10							60			1			
11							61			1			
12	1						62			1			
13							63			1			
14		2					64			1			
15	1						65						
16	1						66						
17	1						67						
18		2					68						
19	1						69						
20	1						70						
21	1						71						
22							72						
23	1						73						
24	1		2				74						
25			1				75						
26					1		76						
27						1	77						
28						1	78						
29						1	79						
30						1	80						
31						1	81						
32						1	82						
33						1	83						
34						1	84						
35						1	85						
36						1	86						
37						1	87						
38						1	88						
39			1				89						
40					1		90						
41			1				91						
42					1		92						
43						1	93						
44						1	94						
45			1				95						
46					1		96						
47						1	97						
48			1				98						
49					1		99						
50						1	100						
TOTAL IND.	6									6			
TOTAL DEP.	21										34		
TOTAL CLAIMS	27									40			